

BEST AVAILABLE COPY

<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="margin: 0;">A</p> <p style="margin: 0;">MULTIPLE DEPENDENT CLAIM</p> <p style="margin: 0;">FEE CALCULATION SHEET</p> <p style="margin: 0;">(FOR USE WITH FORM PTO-875)</p> </div> <div style="width: 55%;"> <p style="margin: 0; font-size: small;">SERIAL NO. 10065169</p> <p style="margin: 0; font-size: small;">FILING DATE</p> <p style="margin: 0; font-size: small;">APPLICANT(S)</p> </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		4				TOTAL IND.						
TOTAL DEP.	16		23				TOTAL DEP.						
TOTAL CLAIMS	17		27				TOTAL CLAIMS						